1085706

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

SEC US	E ONLY
Prefix	Serial
	1
DATE RE	CEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	SEC MAIL
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	ド
1. Enter the information requested about the issuer	08 0
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Pennsylvania Commerce Bancorp, Inc.	SECTION
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3801 Paxton Street, Harrisburg, Pennsylvania 17111	717-920-1698
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
A Pennsylvania registered bank holding company. It's wholly owned banking subsidiary, Co in the business of banking.	mmerce Bank/Harrisburg, N.A., is engaged
Type of Business Organization corporation limited partnership, already formed other (p business trust limited partnership, to be formed	olease specify): PROCESSED
Month Year Actual or Estimated Date of Incorporation or Organization: 0 4 999 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02) required to res

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



			A. BASIC IDE	ŇŒ	TEATION DATA				
2. Enter the information re	quested for the fol	lowing:	•		- -				
 Bach promoter of t 	he issuer, if the iss	ner has	been organized wi	ithia t	he past five years;				,
 Each beneficial ow 	ner having the pow	er to vot	te or dispose, or dir	ect th	e vote or disposition (of, 10'	% or more a	fa clas	s of equity securities of the issuer.
Each executive off	icer and director of	f corpor	ate issuers and of	corpo	rate general and man	aging	pariners of	partne	rship issuers; and
 Each general and n 	nanaging partner o	f partne	rship issuers.						
Check Box(es) that Apply:	Promoter		Seneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Commerce Bancorp, Inc.	·								
Business or Residence Addre Commerce Atrium, 1701	ss (Number and		City, State, Zip Co Hill, NJ 08034	de)		•			
Check Box(cs) that Apply:	Promoter	E	deneficial Owner	Ø	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		-		- 				<u> </u>
Nalbandian, Gary L Ch	airman, Preside	nt, CE	O and Director						
Business or Residence Addre				de)					 -
Pennsylvania Commerce	Bancorp, Inc., 3	801 Pa	ixton Street, Har	risbu	ırg, PA 17111				
Check Box(cs) that Apply:	Promoter	E	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Ritrievi, Rory G Execut		ent and	Chief Lending (Office	er				
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	dc)					
Pennsylvania Commerce	Bancorp, Inc., 3	801 Pa	axton Street, Ha	rrisbu	urg, PA 17111				
Check Box(es) that Apply:	Promoter	E	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								<u></u>
Skerpon, David B Exec	utive Vice Presid	dent ar	nd Chief Retail C)ffice:	r				•
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)	-				<u> </u>
Pennsylvania Commerce	Bancorp, Inc.,	3801 P	Paxton Street, Ha	arrist	ourg, PA 17111				
Check Box(es) that Apply:	Promoter	□ E	Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Zody, Mark A Executiv		t and C	Chief Financial C	Office	r	·			
Business or Residence Addre	•	-	•				 ,		-
Pennsylvania Commerce	Bancorp, Inc.,	3801 P	axton Street, Ha						
Check Box(es) that Apply:	Promoter	_ ı	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Huggins, D. Scott - Seni		ıt and (Chief Risk Office	er					
Business or Residence Addre Pennsylvania Commerce					urg, PA 171 11				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, Adair, James R.	if individual)								
Business or Residence Addre Adair Construction Servi	•		City, State, Zip Co oulevard, Harrist		PA 17112-3383				
	(Use bla	nk shee	t, or copy and use	addit	ional copies of this s	heet,	as necessary	<i>i</i>)	· · · · · · · · · · · · · · · · · · ·

Rider to Form D Notice of Sale of Securities Pursuant to Regulation D, Section 4(6), and/or Uniform Limited Offering Exception

Re: Pennsylvania Commerce Bancorp, Inc.

Continuation of answer to Section A. (2) Basic Identification Data

Following are the other Directors

Cardello, John J.

Seligman Friedman & Company 96 S. George Street #350 York, PA 17401-1403

Gelder, Douglas S.

DSG Development Corp. P.O. Box 42 Hershey, PA 17033

Hassman, Alan R.

ARH, Inc. & Keystone Lodging Enterprises 3304 Market Street Camp Hill, PA 17011-4423

Mette, Howell C.

Mette, Evans & Woodside 3401 North Front Street Harrisburg, PA 17110-0950

Serluco, Michael A.

Consolidated Properties 400 N. Front Street Wormleysburg, PA 17043-1114

Srouji, Samir J.

Plastic Surgery, P.C. 3438 Trindle Road Camp Hill, PA 17011-4450

	KN WA			j ji B. ji	NF ORMAT	ION ABOU	TOFFERI	NG	肺的间点			
1. Has the	e issuer sold	i or does t	he issuer i	ntend to se	ll to non-s	coredited i	nvectors in	ı this offer	ing?		Yes	No F
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	., 0. 0003			Appendix				-	****************************	lank	X
2. What is	s the minim	um investn								nvestor	:s \$	
									;		Yes	No
	ne offering p											Z
commi If a per or state a broke	he informat ssion or sim son to be lis s, list the na er or dealer,	ilar remune ted is an as ime of the b you may s	ration for s sociated pe roker or de et forth the	solicitation erson or age caler. If me	of purchas ent of a brol ere than five	ers in conne cer or deale c (5) person	ection with r registered as to be list	sales of sed d with the S ded are asso	curities in t EC and/or ciated ners	he offering with a state ons of sucl	=	
Full Name (Last name :	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	i Street, C	ity, State, 2	Cip Code)						······
Name of As	sociated Br	oker or De	aler									,,
States in W.	nich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						•
(Check	"All States	" or check	individual	States)		<i></i>	t++**+++++++++++++++++++++++++++++++++	***********	• 1 • 1 • 1 • 1 • 1 • • • • • • • • • • • • • • •	**************	☐ All	l States
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MT Rì	NE SC	NV SD	[NH] [TN]	NJ TX	NM UT	NY VT	NC VA	ND WA	OH)	OK)	OR WY	PA PR
Full Name (T ant name i	G :C!4:										
Full Name (Last name i	urst, 11 ma	(Vidual)									
Business of	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated Br	oker or De	aler									
States in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		··········				
(Check	"All States	" or check	individual	States)		**************	« / » » » « « « » » » » « « « » » »	**********	•••••••	•••••••	☐ All	l States
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IL.	<u>IN</u>	IA	KS	KY.	LA	ME	MD	MA	MI	MN	MŞ	MO -
MT RI	NE SC	NV SD	NH TN	IX]	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA
Full Name (
Business or	Residence	Address (7	Vumber an	d Street, C	ity, State,	Zip Code)						
Name of As	sociated Br	oker or De	aler									
States in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	or check	individual	States)	***************	*************	••••••••••••••••••••••••••••••••••••••	**********	***************************************		AII	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GÀ	\mathbf{H}	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	WV	OK]	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	COPRERINGIPAGE NUMBER OP INVESTORS EXTENSES AND USE OF P	ROCEEDS.	esteda Tariba Esteda Tariba Als SEC. NO Security
1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u> </u>	\$
	Equity Trust Preferred Securities	15,000,000.00	\$ 15,000,000.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests		
	Other (Specify		\$
	Total	15,000,000.00	\$ 15,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_
2.	V. It is a supplied a supplied in this		Aggregate
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		s 15,000,000.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505 Not Applicable		s
	Regulation ANot.Applicable		\$
	Rule 504 Not Applicable		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🗹	\$_10,000.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 40,000.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) Fairness Opinion from Investment Firm		\$ 6,000.00
	Total		\$ 56,000.00

	C OFFERING RRICE NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	S	14,944,000.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross	l	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	,	\$. 🗆 \$
	Purchase of real estate		s	
	Purchase, rental or leasing and installation of mad and equipment	chinery	□ €	□ \$
	Construction or leasing of plant buildings and fac	ilities		
	Acquisition of other businesses (including the val		□ Ψ	. 🗆 +
	offering that may be used in exchange for the asso	ets or securities of another	□¢.	□ t
	issuer pursuant to a merger)			
	Repayment of indebtedness		□ •	. L . 14,944,000.00
	Working capital		∐-\$	_
	Other (specify):		ГТ <u>э</u>	· LJ *
			·	
	Column Totals			
	Total Payments Listed (column totals added)			4,944,000.00
		D. REDERALI SIGNATURE		
<u>. </u>				
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commi	ission, upon writte	tle 505, the following en request of its staff,
Iss	uer (Print or Type)	Signature 0/1/1	Date //	
P	ennsylvania Commerce Bancorp, Inc.	The A and	10/11/0	06
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		-
Иa	rk A. Zody	Executive Vice President & Chief Financial C	Officer	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

THE STATE SIGNATURE IN THE STATE SIGNATURE IN THE STATE STATE SIGNATURE SI	liki,	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes . 🔲	No E

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Signature / A Date
Signature
Much 804 10/11/06
Title (Print of Type)
Executive Vice President & Chief Financial Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Intend to sell to non-accredited investors in State (Part B-Item 1) State Yes No No Number of Accredited Investors Amount Number of Accredited Investors Amount Number of Accredited Investors Amount Number of Non-Accredited Investors Amount AL AK AZ AR AR CA CO CT	Disquali under Sta (if yes, explana waiver (Part E-	te ULOE attach tion of granted)
State Yes No Accredited Investors Amount Non-Accredited Investors Amount AL	Yes	No
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APPENDIX DE LA LIBERTA DEL LIBERTA DEL LIBERTA DEL LIBERTA DEL LIBERTA DE LA LIBERTA DEL LIBERTA DELLA											
1	Intend to non-a investor	to sell coredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
МТ											
NE								340 20444747474			
NV											
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VA											
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WI	Paradian transcription of the P										

I	to non-a investor	2 I to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											